

The Town of West Boylston Employee Health Plan: Section 21a

<u>Major Covered Services</u>	<u>Current HPHC HMO Plan</u>		<u>"HPHC Navigator Style"</u>	
Physician Office Visit / Well Care	Covered in Full		Covered in Full	
Physician Office Visit / Medical Care	\$15 Copay per visit		Split Copay - PCP and Specialist T1: \$20/\$25 T2: \$20/\$35 T3: \$20/\$45	
Deductible	N/A		\$250 Individual / \$750 Family	
Out-of-Pocket Maximum	N/A		\$2,000 Individual / \$4,000 Family	
Emergency Room	\$100 Copayment (waived if admitted)		\$100 Copay after Deductible Copoly waived if Admitted	
IN-PT Hospital Admission	Covered In Full		\$300 or \$700 Copay, then Deductible	
OUT-PT Surgical Day Care	Covered In Full		\$150 Copay per visit, then Deductible	
Lab & X-rays	Covered In Full		Deductible, then covered in Full	
CAT Scans, MRI, PET Scans	Covered In Full		\$100 Copay per procedure, then deductible	
RX - 30 Day Retail or 90 Day Mail Order Delivery	\$10 / \$20 / \$35 \$10 / \$20 / \$35		\$10 / \$25 / \$50 \$20 / \$50 / \$110	
HMO Monthly Rates	Individual	\$603.14	Individual	\$569.97
	Family	\$1,556.10	Family	\$1,470.51
PPO Monthly Rates (full plan summary not shown)	Individual	\$1,828.24	Individual	\$1,691.12
	Family	\$4,716.91	Family	\$4,363.14
POS Monthly Rates (full plan summary not shown)	Individual	\$992.85	Individual	\$938.24
	Family	\$2,561.67	Family	\$2,420.78

Rates are estimated under the "Navigator Style" plan!